

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0022953

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 68

UNFILED 29 64

VS 300
Rev. 4/59

1 0470

2 0470

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Ironton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If outside, give location) Ironton, Mo	
3. NAME OF DECEASED (Type or print) First Isabella Middle M. Last Pryor		4. DATE OF DEATH Month June Day 22 Year 64	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/25/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Maricus H Pryor		11b. MOTHER'S MAIDEN NAME Sara Little	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. 3	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis, left hemiplegia.		13b. INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, general		DUE TO (c) 20 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsonism.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:30 P. Month, Day, Year Nov. 1942		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Ironton Mo	
21. I attended the deceased from Nov. 1942 to June 22 1964 and last saw her alive on June 22, 1964 Death occurred at 7:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ben M. Bull, M.D.	
22b. ADDRESS Ironton Mo		22c. DATE SIGNED 6/22/64	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/25/64	23c. NAME OF CEMETERY OR CREMATORY Stm Marys Cemetery	23d. LOCATION (City, town, or county) (State) Middle Brook, Mo
24. FUNERAL DIRECTOR C.A. Howell		25. DATE RECD. BY LOCAL REG. 6-27-64	
26. REGISTRAR'S SIGNATURE Mrs. Avis Jones			

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~on by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

C. R. Hamell

Licensed Embalmer No.

3670

P. O. Address

Princeton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.